

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/1551264

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	/		/			
4		/	/			
5	/		/			
6		/	/			
7	/		/			
8	2	2	/			
9	2	2	/			
10	2	2	/			
11	2	2	/			
12	2	2	/			
13	/		/			
14		/	/			
15	2		/			
16	2		/			
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	21	←	17	←		
TOTAL CLAIMS	25		21.			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS					←	